PTO/SERIOS (D8-03)
Approved for use through 7/31/2008. Club 0651-0032
demark Office; U.S. DEFARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED - PART 1 (Column 1) (Column 2)							SWALL ENTITY		OR.	OTHER THAN	
								CMIIII	1	SMUL	ENITY
	FOR RC FEE	·	LUMBER FILED NU		ABER EXTRA		RATE	385.		RATE	FEE
S7 CFR 1.18(b)) TOTAL CLANKS					ł	<u> </u>	-	OR		-	
	CFR 1.16(c))	143	minus 20 • 1-32		3		×e	1033-00	163°C	× 4 •	
(87 CFR 1.16(b)) AD edrus 3 • 17				Ì	x e 43	13/2	OR	× •			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(4))							••		OR	+5	
" if the difference in column 1 is less than zero, enter "V" in column 2.							TOTAL	2723.00	A	TOTAL	
CLAIMS AS AMENDED - PART II											
	(Column 1) (Column 2) (Column 3)						SMALL	ENTTTY	OR	OTHER SMALL	R THAN ENTITY
ENT A	1/30/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOS- TIONAL FEE		RATE	ADDI- TIONAL FEE
3	Coche Franco	. 14	Minus	" 143	· Ø		×8e		CR.	X\$ -	
AMENDMENT	(of CFR L-18(t))	1	Minus	<u> 20</u>	0		·X 8=		CR	XS.	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAME (D) CFR 1,16(1))						•sa		OR	+:	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
1/13/06 (Column 1) (Column 2) (Column 3)									=	•	
IENDMENT B	9/7/66	CLAIMS REMAINING · AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (27 CPR 1.10(2)	13	Minus	143	*Ø	11	xs•	7	OR	X3 •	
	par cirit tumpy	. 2	Minus	20	8		X 8		OR	X8	
₹	REST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CFR 1.18(6))						+8		OR	+1 .	
							TOTAL ADD'L FEE	7	OR	TOTAL ADDLESS	
		(Column 1)		(Column 2)	(Column 3)						
ENTC	r Dollo	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADOI- TIONAL FEE
<b>AMENDMENT</b>	ta. des rastal Logal	13	Minus	- 143	-0		×4		OR	X 8=	FEC
Ē	independent (IF CFR 1.180g)	1	Minus	70	·6		X 8=		OR	X8	
₹	FRIST PRESENTATION OF MAATIPLE DEPENDENT CLAIM (37 CFR 1,1860)						•1 •		OR	+	
						•	TOTAL ADOL FEE		OR	TOTAL ADDL FEE	
" If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. " If the Triphest Number Previously Peid For" IN THIS SPACE is less than 20, enter "20".											
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number bund in the appropriate box in column 1.											

This collection of information is required by 37 CFR 1.18. The information is sequired to obtain or rotain a benefit by the public which is to Sie (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gestering, preparing, and estimating the completed application form to the USPTO. There still very depending upon the including case. Any comments on the smould of time you require to complete this form and/or suggestions for reducing this turben, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in complaing the form, call 1-800-PTO-8199 and salect option 2